

Public Mental Health Learning Community Learning Set

Welcome, and thank you for joining today's event!
We will start at 10:00

Our speakers today include:



Dr Megan Watkins
Head of Public Mental
Health Implementation
Centre (PMHIC)



Dr Yvanna Todorova
Research Associate in Public
Health Evaluations
Loughborough University



Dr Blossom Fernandes
Public Mental Health
Implementation Centre
(PMHIC)

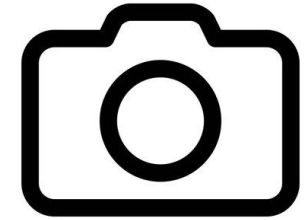
Housekeeping points before we get started



Recording the session



If not speaking, please mute

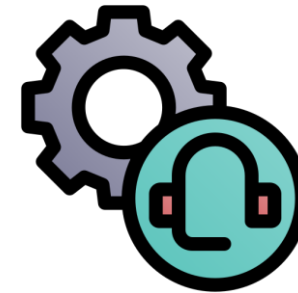


Camera on please,
if comfortable to



Please ask Questions

- Raise your hand
- Use the chat function



Tech issues, please contact
public.MH@rcpsych.ac.uk

Shared principles



Listen with respect and openness

We seek to value learning from different people and stay open to new ways of doing things.



Confidentiality

People may share something they wish to be kept confidential. We require everyone's agreement not to share anyone's information without their permission.



Collaborate

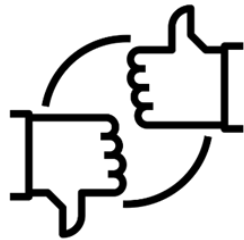
We seek to make decisions by consensus. Everyone's input is **equally** valued.

Shared principles



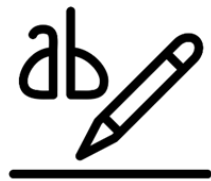
Contribute

We seek to share ideas, ask questions and contribute to discussions. We can also choose not participate at any stage.



Disagree with the point - not the person

We seek to resolve conflicts and tensions.



Use plain language

We seek first to understand, then to be understood. If possible, avoid using jargon and explain acronyms if they must be used.

Today's agenda

Time	Speaker	Affiliation	Topic
10:00-10:15	Dr Megan Watkins	Head of Public Mental Health Implementation Centre (PMHIC)	Welcome and introductions
10:15-10:45	Dr Yvanna Todorova	Research Associate in Public Health Evaluations Loughborough University	Thrive at Night evaluation Followed by Q&A (incl. Dr Aron Sherry)
		Break (10min)	
10:55-11:25	Dr Blossom Fernandes	Research Fellow Public Mental Health Implementation Centre (PMHIC) Prior to current role, researcher on the NIHR's Mental Health Implementation Network (MHIN) programme	Evaluating the implementation of selected mental health interventions across England: Learnings from the Mental Health Implementation Network Followed by Q&A
11.25-11.30	Dr Megan Watkins		Thank you and closing remarks

Thrive at Night Evaluation

Dr Yvanna Todorova

Research Associate in Public Health Evaluations

Loughborough University



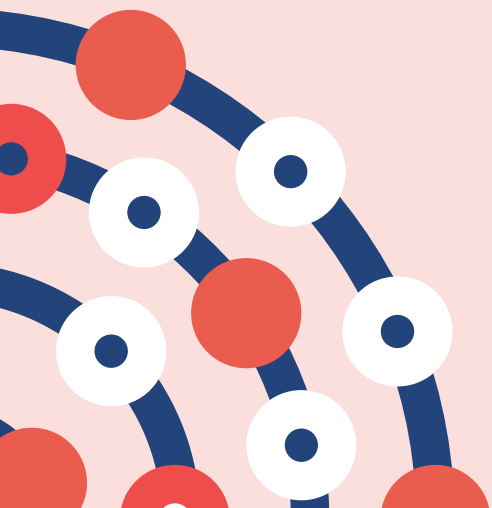
Thrive at Night Evaluation

Dr Yvanna Todorova, Dr Aron Sherry, Professor Holly Blake, Dr Kris Clements, Dr Jane Bourke, Professor Lauren Sherar, Professor Elizabeth Orton, Swati Madhavji, Pam Rees.

Thrive at Night project leads: Lynn Stanley and Carly Heath



About PHIRST



About PHIRST-Light



[Prof Elizabeth Orton](#)
University of Nottingham



[Dr Jo Morling](#)
University of Nottingham



[Prof Jo Leonardi-Bee](#)
University of Nottingham



[Dr Holly Knight](#)
University of Nottingham



[Prof Adam Gordon](#)
University of Nottingham



[Dr Aron Sherry](#)
University of Nottingham



[Prof Pip Logan](#)
University of Nottingham



[Pam Rees](#)
Public Co-applicant



[Prof Denise Kendrick](#)
University of Nottingham



[Prof Holly Blake](#)
University of Nottingham



[Prof Mark Gussy](#)
University of Lincoln



[Dr Hayden Bird](#)
University of Lincoln



[Prof Lauren Sherar](#)
Loughborough University



[Dr Jo Barnes](#)
Loughborough University



[Dr Yvanna Todorova](#)
Loughborough University



[Dr Florence Kinnafick](#)
Loughborough University



[Dr Kristen \(Kris\) Clements](#)
Loughborough University



[Dr Veronica Varela Mato](#)
Loughborough University

Mental Health in the Night Time Economy (NTE) Hospitality Sector

116,300 Bristolians work from 6pm to 6am



36,700 (32%) work in and support hospitality

Hospitality workers were among the occupation with highest prevalence of common mental disorders (Grimmond et al., 2024).

Current workplace wellbeing resources like Thrive at Work are not appropriate for night time hospitality workers.

What is Thrive at Night?

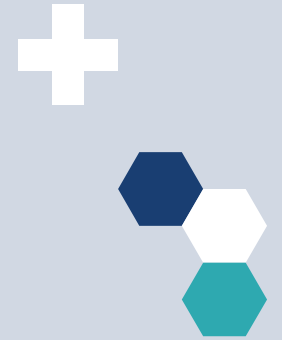
Thrive at Night was created by Bristol Nights and Public Health teams at Bristol City Council to support the mental health and wellbeing of Night Time Economy (NTE) workers – those who work between 6pm and 6am.



Evaluation Objectives

- ❖ How was it implemented?
- ❖ What impact did the project have?
- ❖ What were the barriers to engagement?

How was it evaluated?



1

Workshop attendance
data



2

Surveys

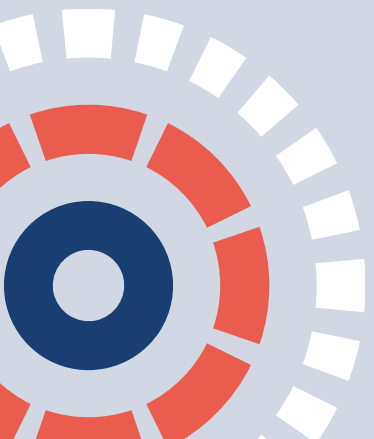
- A. Wider Bristol NTE Hospitality sector open survey (N=181)
 - Thrive at Night Engagers (N=37)
 - Thrive at Night Non-engagers (N=144)
- B. Local authority post workshop survey (N=159)



3

Qualitative interviews

- Stakeholders (N=7)
- Engagers (N=11)
- Non-engagers (N=10)



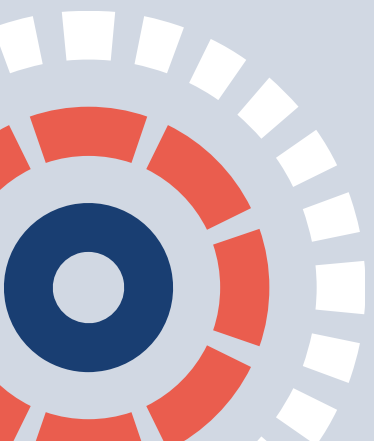
About the intervention



Workshop attendees were from **89** different organisations.

This is **8%** of all licensed premises within and supporting Bristol's NTE culture and leisure activities sector.

Total workshops	32
Total registrations	377
Total attendance	186
Attendance rate	49%
Average attendance (range)	6.2 (1-19)



Implementing Thrive at Night

Thrive at Night implementation team (local authority staff, Thrive at Night delivery partners and the communications agency) worked well together.



*“My experience of partnership working in Bristol and particularly mental health partnerships is that they are **proactive**, innovative. The relationship is a **relationship of peers and equals**. I wouldn't see this as a commissioning arrangement...**This will be a co-produced piece of work** bringing together delivery partners with the sector facilitated by our team members.”*

-Stakeholder Interview 6

Engager's Perceptions of Thrive at Night

92% very / extremely **helpful** content

90% very or extremely **relevant** content

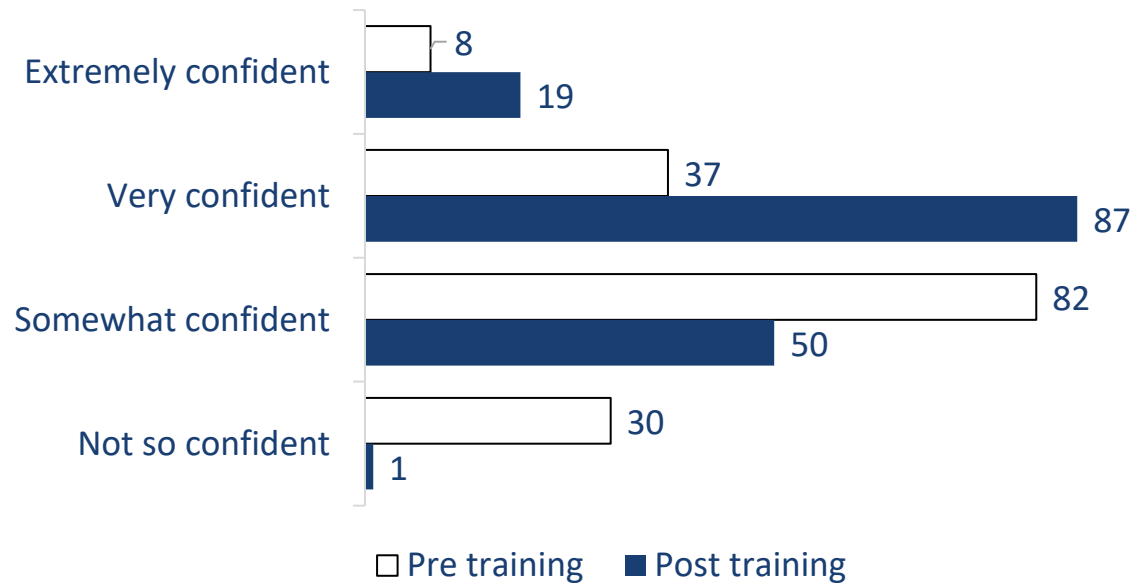
92% extremely likely to **recommend** workshop

84% extremely likely to **use workshop resources**

*“Especially the burnout one where it was a lot of **really interesting** stuff and the resources I think have been really **useful**... And it's just really **user friendly** really to kind of give some exercises and ideas about, you know, how to do it. It's a really good starting point” -Worker Engager 7*

Impact of Thrive at Night on wellbeing and workplace policy

Confidence in supporting workers before and after attending a workshop (n=159)



*“Ever since we undertook... the introduction to mental health and wellbeing [workshop], we have gotten **our HR department set up some firm mental health policies and guidance** for the workplace which has been **integrated in our [worker] handbook**, integrated into the induction materials.”*

-Team Lead Engager 10

Barrier for adoption: **Recruitment & Attendance**

32% of NTE respondents had **heard** of Thrive at Night

High **no-show** rates for trainings



“Our only disappointment along the way was the number of people that were attending... You always get a bit of drop out for training, but I don't think I've ever experienced such a high rate.”

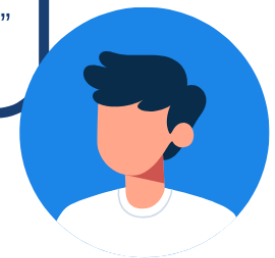
-Stakeholder Interview 1

21% of NTE respondents had **engaged** with Thrive at Night

Timing and commitment issues

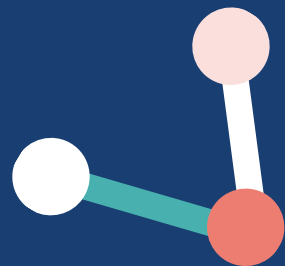
“For me, the main barrier, is that I would love to hold a workshop on resilience but can't do that at the moment because of the rota, especially going into Christmas.”

- Team Lead Engager 10



Recommendations

1. Continue to invest in Thrive at Night to support the mental health and wellbeing of nighttime workers.
2. Invest more time and resources in marketing and supporting uptake of the intervention, particularly efforts targeting business owners. In-person, social network based approaches were most favoured by NTE interviewees.



“The social circles of hospitality workers... are usually quite close and quite linked. So word of mouth makes things spread like wildfire.” (Team Lead Engager 11)



Thank you!

The team would like to extend gratitude to the Bristol City Council for their valued input into the evaluation development process and to all the individuals who gave up their time to participate in this evaluation.

Please contact me at y.todorova@lboro.ac.uk for more information.

References:

Grimmond, T., King, T., LaMontagne, A. D., Oostermeijer, S., Harrap, B., Newberry-Dupé, J., & Reavley, N. (2024). Workplace-related determinants of mental health in food and bar workers in Western, high-income countries: A systematic review. *American journal of industrial medicine*, 67(8), 696-711.

Office for National Statistics. The night-time economy, UK. 2022.





Questions from the audience



Upcoming Events

➤ **Learning Set (virtual)**

Thursday 18 September 2025, 14.00-16.00

➤ **Workshop (virtual)**

Wednesday 15 October 2025, 10.00-11.00

If you would like to share your experiences of public mental health practice, including challenges and best practice at one of our future events, please email us at

public.mh@rcpsych.ac.uk

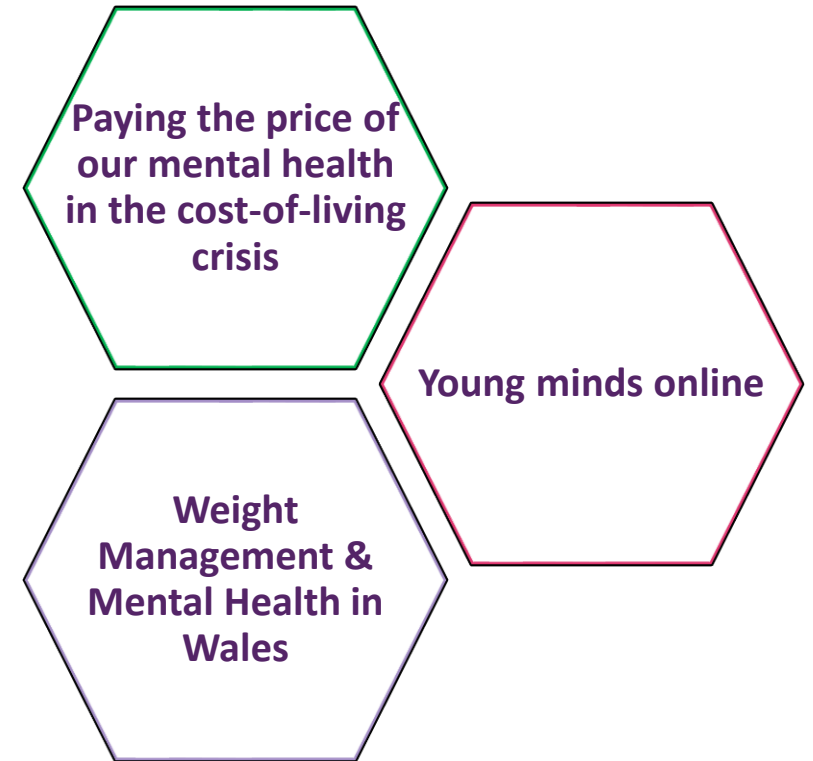


PMHIC Blog Series: Perspectives on public mental health

Aims to highlight the voices of public health experts, promote public mental health as an intrinsic part of psychiatry, and support College members and the wider public

Authors/Co-authors are invited to write blog posts that address current and relevant topics in public mental health

Format – co-produced and including a call to action that encourages reader engagement



Thank you and closing remarks

Dr Megan Watkins

Head of PMHIC